

Application Form for Policy Change/ Reinstatement/Replacement **[OIU Only]**

Required

Please read the notice carefully before filling the form and write in block letters with dark blue/black pen to make your information identifiable.

Policy Number: _____

Policy Change - (Type A)

Application Date (yyyy/mm/dd): _____

1. Change of Address/Phone Number/E-mail

[If the changed address/phone number is not in Taiwan, please fill the FATCA/CRS Identity Confirmation Questionnaire on page 2.]

Reminder: The correspondence addresses of the Proposer and the Insured shall not be those of insurance agents, insurance brokers, banks and their branches, or the soliciting agent(s).

✳️**Proposer's Address:** _____

✳️**Contact Number:** _____ **Cellphone Number:** _____
(Country Code-Area Code-Telephone Number) (Country Code-Mobile phone Number)

✳️**E-mail:** _____ (Please provide one e-mail address only and in clear handwriting, so as to enable the Company to reach you through e-mail without problem. Relevant electronic documents or notices will be send to the e-mail address provided.)

2. Change of Beneficiary: ✳️Please specify the name of the Death Beneficiary. Death Benefit will be paid in the order and proportion pursuant to the policy provisions if no Death Beneficiary has been designated.

Benefit Type	Name of Beneficiary	ID Card No./ Passport No.	Date of Birth/ Registration date	Relationship to Insured	Nationality	Settlement Options	Proportion %
Death Benefit	1					<input type="checkbox"/> Order <input type="checkbox"/> Proportion%	_____ %
	Correspondence Address						
Death Benefit	2					<input type="checkbox"/> Order <input type="checkbox"/> Proportion%	_____ %
	Correspondence Address						

Additional Remarks(If there are more than two Death Beneficiaries for this policy, please provide the following information of such additional Death Beneficiaries in this field: Benefit Type, Name of Beneficiary, ID Card No/Passport No., Birthday, Relationship to Insured, Nationality, Contact Address of Beneficiary, and Type of Settlement)

Policy Change - (Type B)

3. Change of Proposer: **[Please complete the FATCA/CRS Identity Confirmation Questionnaire on page 2.]**

[Please provide the new Proposer's correspondence address, phone number, and e-mail. If no new correspondence address has been provided, the new Proposer's correspondence shall be deemed as the same as that of the original Proposer.]

[Please provide the certifications of insurable interest between the new Proposer and Insured. If the Proposer is an entity, please attached "Client Identification Form in Compliance with Anti-money Laundry Laws and Regulations(Entity)" and Article of Association or equivalent documents.(e.g. "Article of Incorporation", "Trust Deed", "Power of Attorney", "Change Registration Form" etc.)]

✳️**In the case of changing the Proposer, please illustrate the funds source of premium. (Required / Check one or more)**

Salary Gift Investment income Pension Loan Policy Loan Surrender/Termination Others

Name of Proposer: _____ Passport No./ID Card No.: _____
Nationality: _____; Date of Birth: _____ (yyyy/mm/dd); Relationship To Insured: _____
Occupation: _____ Occupation Title: _____ Profession Code: _____

4. Change of Proposer and Insured: **[Please attached Passport copy / ID card copy]**

[If the changed nationality is not Taiwan, please fill the FATCA/CRS Identity Confirmation Questionnaire on page 2.]

Proposer	Name	Date of Birth	(yyyy/mm/dd)	Passport No./ID Card No.	Nationality
Insured	Name	Date of Birth	(yyyy/mm/dd)	Passport No./ID Card No.	Nationality

5. Change of Remittance Account:

Annuity (Remittance into **Insured's** account only)
 Value-Added Bonus / Account value (Remittance into **Proposer's** account only)

English Name for the Account: _____

Country: _____ Bank/Branch Name: _____

Bank Code (Office Code): _____ Account No.: _____

6. Change of Insured Profession: Name of Employer _____ Profession Code _____

Occupation Title _____ Duty Details (Part Time Job) _____

7. Payment mode: Yearly Half-Yearly Quarterly Monthly

8. Change of Policy Benefit: **Reduce** Insurance Amount of the Policy to: _____ Dollar (Please fill in the amount according to the currency of the policy.)



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9. Annuity: [Annuity only. If your policy is not an annuity product, your application in this field will be invalid.]

Application for Annuity Payments: 1. Lump-sum Payment 2. Installment Payments

Change of Payment Commencement Date: _____ (yyyy/mm/dd)

Redeem/withdraw policy (account) value / reduce annuity policy value in _____ dollar (Please fill in the amount according to the currency of the policy.)

10. Automatic Premium Loan: Agree Disagree

11. Policy Re-issuance [NT\$ 100 for each copy of the policy.] The reissued policy shall supersede the original policy.

12. Reduced Paid Up Insurance / Extended Term Insurance

13. Reinstatement [Please attached a copy of Health Notification if applying for reinstatement within two years from the date of suspension. (Annuities Excepted)] [Please fill the FATCA/CRS Identity Confirmation Questionnaire on page 2.]

14. Value-Added Bonus [In the case that there are no policy provisions regarding payment options for value-added bonus, your application in this field will be invalid.]

Interest accumulation Cash payment Purchase additional paid-up insurance/increase insurance amount
 Premium reduction

15. Others _____

This application will be deemed as endorsed in the policy upon the approval of Nan Shan Life Insurance CO., Ltd. If the Company reject part of the application, the remainder within the scope permissive under this application form will be considered accepted by the Company and be deemed as endorsed in the policy.

Pursuant to Paragraph 1 of Article 8 of the Personal Data Protection Act (the "Act"), Nan Shan Life Insurance CO., Ltd. (the "Company") hereby inform you the following matters. Please read the following notifications carefully.

1. Purposes of Collection: (1) 001 Life Insurance (2) 181 Other businesses correspond to the business registration items and the article of incorporation 2. Types of personal data collected: name, address, telephone number, ID card number, date of birth, occupation, e-mail, accounts opened in the financial institutions, and other relevant personal data, please refer to this application form for further details. 3. Duration, areas, targets and uses of the Personal Information:
(1) Duration: The time the information to be retained by the Company as required for conducting its businesses and in accordance to applicable laws and regulations; (2) Target: The Company, the insurance agent/broker working with the Company to promote the policy you purchased, the Life Insurance Association of the Republic of China, the Non-Life Insurance Association of the Republic of China, the Taiwan Insurance Institute, the Financial Ombudsman Institution, the National Credit Card Center of R.O.C., the Taiwan Clearing House, Financial Information Service Co., Ltd, agencies retained for outsourced businesses, the Institute of Financial Law and Crime Prevention, companies that have reinsurance business with the Company, agencies with investigative authority pursuant to applicable laws and regulations or financial supervisory authorities, FATCA-related authorities of the United States of America (for persons subject to FATCA); (3) Area: Where the aforementioned Targets are located (within and outside the territory of the Republic of China); and (4) Uses: Uses that are in compliance with applicable laws and regulations. 4. In connection with your personal information held by the Company, you may exercise the following rights pursuant to Article 3 of the Act: (1) Your rights to the Company: 1. Request to search or access, or for duplicate copies; 2. Request to supplement or correct such information; (2) Method of Exercising the Rights: In writing. 5. Effects to your rights if you do not provide personal information: If you refuse to provide your relevant personal information, the Company may be unable to provide you with the complete life coverage and other services. To comply with the U.S. Foreign Account Tax Compliance Act, if you do not agree to provide your personal information, your account will be deemed as a "Recalcitrant Account" and be reported in accordance with the relevant laws and regulations subsequently.

I (the Insured, the Proposer) agree that the Company may transmit my personal information as stated on this Application Form to the Life Association of the Republic of China (LIA) and the Non-Life Insurance Association of the Republic of China (NLIA) for connection of their respective computer systems, and agree that the member companies of the LIA and NLIA may refer to my information on the system for underwriting and claims. However, instead of fully relying on the aforementioned information, each of the company still have its sole discretion on whether to underwrite or pay benefits based its applicable standards for underwriting or claim payments.

FATCA /CRS Identity Confirmation Questionnaire: Please answer the following questions for change of FATCA/CRS status or Proposer, or for reinstatement. [For individual proposers, please answer question 1-3. For entity proposers, please answer question 4-6]	YES	NO
1. Are you an U.S. taxable resident [See Specific Instructions on NOTICES 2] ? (If YES, please provide Form W-9) [Proceed to question 2-3]	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you acquired any U.S. indicia despite not being a U.S. taxable resident [See Specific Instructions on NOTICES 3] ? (If "YES", please provide Form W-8BEN-E)	<input type="checkbox"/>	<input type="checkbox"/>
3. Besides Taiwan and the United State, are you a resident of other country(ies)/jurisdiction(s)? [See Specific Instructions on NOTICES 4] (If "YES", please provide "Self-Certification Form – Individual")	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your company a legal person registered in the United States? (If "YES", please provide Form ; If "NO", please provide Form W-8BEN-E) [Proceed to question 5-6]	<input type="checkbox"/>	<input type="checkbox"/>
5. Is any registered address or business address of the entity located in Taiwan or other regions outside the United States? (If "YES", please provide "Self-Certification Form – Entity")	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the entity a passive non-financial entity (PassiveNFE)? (If "YES", please Complete "self-certification form - Controlling Person" for each Controlling Person to the Proposer.)	<input type="checkbox"/>	<input type="checkbox"/>

> I agree Nan Shan Life Insurance CO., Ltd. (the "Company") may file to the United States of America my personal information provided to the Company pursuant to the Foreign Account Tax Compliance Act (FATCA); the collection, process, use and international transmission of aforementioned information shall be limited to the reporting items as defined in FATCA.
> I agree Nan Shan Life Insurance CO., Ltd. may file to the competent of respective countries or international organizations my personal information provided to the Company pursuant to the Common Reporting Standard (CRS); the collection, process, use and international transmission of aforementioned information shall be limited to the reporting items as defined in CRS.
> I undertake to notify Nan Shan Life Insurance CO., Ltd. in writing and provide documentation within 30 days of any change in circumstances which affects the tax residency status.
> I fully understand that if I refuse to provide the personal information as required for the compliance of FATCA, and for the existing account, it will be deemed as a "Recalcitrant Account"
> I fully understand that if I refuse to provide the personal information as required for the compliance of CRS, the application won't be accepted.

Consent: I agree the Company may hand over the relevant documents of this Application Form to the Proposer by the following sender/salesman.
(All fields for signatures shall be signed by the party mentioned in person)

✘The Proposer and the Insured shall sign in the manner corresponding to the latest record kept by the Company.

✘I have understood the obligations and rights and interest under FATCA/CRS and check in the corresponding boxes.

Signature of Agent (Designated Person): _____

Signature of Proposer (Principal): _____ Required

Passport No. /ID Card No. (ID Card No. is required if the designated person is an agent): _____

(To change the proposer, the original proposer and the new proposer have to sign on the above : To change the name or signature of the proposer, please sign the original Signature)

Phone No.: _____

Passport No./ID No. of Proposer: _____

Certificate No. of Agent: _____ Agent Code: _____

Date of Birth: _____ (yyyy/mm/dd)

For Bancassurance only

Branch/Name of Branch/Swift Code: _____

Mobile of Proposer: _____
(If the phone number filled in by the Proposer is different from the original number, the Company will use this number as the contact number.)

Signature of sales representative: _____

Signature of Insured: _____

Employee No.: _____

(To change the name or signature of the insured, please sign the original Signature.)

The agent only handles related matters for delivering application and does not have the authority to express the will of the policyholder on behalf of the policyholder. However, the agent should be present to bear witness to the signing of this form by Proposer/Insured/legal representative in person.

Mobile of Insured: _____

Signature of Legal representative: _____

(For those under the age of seven and those persons without capacity to make juridical acts, their legal representative shall sign and sign on their behalf; minors at the age of seven or over seven, and other persons with limited capacity to make juridical acts, they and their legal representative both shall sign.)

NOTICES

1. If the Proposer's status is changed to "U.S. taxable resident", please fill out a "Form W-9". If the Proposer's status is changed to "non U.S. resident" from "U.S. taxable resident", please fill out a "Form W-8" and provide "Certificate of Loss of Nationality of the United States". When the Proposer's status is changed to "not a U.S. or Taiwan resident", please provide "Self-Certification Form".

2. U.S. citizen or resident aliens

- Any person who holds a U.S. citizenship (U.S. passport holder) or green card, or
- Any person who has entered and stayed in the territory of the U.S. for a total of 183 days or more during the current year, or
- Any person who has entered and stayed in the territory of the U.S. for a total of 31 days or more during the current year, and has physically presented in the U.S. for 183 days or more during the 3-year period that includes the current year and the 2 years immediately before that. For example, a person meets the aforementioned requirement if the sum of the following equals or exceeds 183:
 - All the days you were present in the U.S. during the current year, and
 - 1/3 of the days you were present in the first year before the current year, and
 - 1/6 of the days you were present in the second year before the current year.

3. U.S. indicia: (1) U.S. citizen or a U.S. Permanent Resident Card (Green Card) holder ; (2) A U.S. place of birth ; (3) A U.S. residence address or U.S. mailing address ; (4) A U.S. phone number ; (5) Standing instructions to pay any amounts from the account to the account maintained in the U.S. ; (6) A power of attorney with a U.S. address ; (7) An "in-care-of" address or "hold mail" address that is the sole address with respect to the Proposer.

4. Foreign indicia: (1) Foreign citizen ; (2) A current foreign residence address or mailing address ; (3) Foreign phone number only ; (4) Standing instructions to pay any amounts from the account to the account maintained in the U.S. ; (5) A power of attorney with a foreign address ; (6) An "in-care-of" address or "hold mail" address that is the sole address with respect to the Proposer.

For information regarding your insurance policy, please contact our service centers or visit our corporate website (URL : < http://www.nanshanlife.com.tw>).

If you are in Taiwan, Penghu, Kinmen, Matsu areas, please contact us through our toll-free service line: 0800-020-060

If you are not in the aforementioned areas, please call +886-2-8752-2111 (relevant tolls may apply)



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